

ATTORNEY'S DOCKET NO.

PATENT APPLICATION TRANSMITTAL LETTER

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith for filing is the patent application of

ZION HABAD

for SYSTEM AND METHOD FOR CELLULAR COMMUNICATIONS

Enclosed are:

- ☒ 7 sheets of drawing. ZION HABAD COMMUNICATIONS LTD
- ☒ an assignment of the invention to
- ☐ a certified copy of a application.
- ☐ associate power of attorney.
- ☐ verified statement to establish small entity status under 37 CFR 1.9 and 1.27.

CLAIMS AS FILED

FOR.	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS 15	- 20 -	
INDEP. CLAIMS 3	- 3 -	
MULTIPLE DEPENDENT CLAIM PRESENT		0

SMALL ENTITY

RATE	FEE
	\$ 345
X \$ =	\$ 0
X \$ =	\$ 0
+ \$ =	\$ 0
TOTAL	\$ 345

OTHER THAN A SMALL ENTITY

RATE	FEE
	\$
X \$ =	\$
X \$ =	\$
+ \$ =	\$
TOTAL	\$

* If the difference in col. 1 is less than zero, enter "0" in col. 2

- ☐ Please charge my Deposit Account No. in the amount of \$
- ☐ A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 345 to cover the filing fee is enclosed.

☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. A Duplicate copy of this sheet is enclosed.

☐ Any additional filing fees required under 37 CFR 1.16.

☐ Any patent application processing fees under 37 CFR 1.17

☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. A duplicate copy of this sheet is enclosed.

☐ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Any patent application processing fees under 37 CFR 1.17.

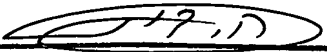
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

7/10/2000
date

signature

FEE TRANSMITTAL		Complete if Known	
		Application Number	
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	
		First Named Inventor	CLON HADAD
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																											
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text"/></p> <p>Deposit Account Name <input type="text"/></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Making of the Notice of Allowance, 37 CFR 1.311(d)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>FEE CALCULATION (fees effective 10/01/96)</p> <p>1. FILING FEE</p> <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 770</td><td>201 385</td><td>Utility filing fee</td><td>345</td></tr><tr><td>106 320</td><td>206 160</td><td>Design filing fee</td><td></td></tr><tr><td>107 530</td><td>207 265</td><td>Plant filing fee</td><td></td></tr><tr><td>108 770</td><td>208 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(5) 345</td></tr></tbody></table> <p>2. CLAIMS</p> <table border="1"><thead><tr><th>Total Claims</th><th>Extra</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>15</td><td>-20 =</td><td>0</td><td>0</td></tr><tr><td>Independent Claims</td><td>3 - 3 =</td><td>0</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td>-</td><td>0</td><td>0</td></tr></tbody></table> <table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 22</td><td>203 11</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 80</td><td>202 40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 260</td><td>204 130</td><td>Multiple dependent claim</td><td></td></tr><tr><td>109 80</td><td>209 40</td><td>Reissue independent claims over original patent</td><td></td></tr><tr><td>110 22</td><td>210 11</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>(5) 0</td></tr></tbody></table> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	CLON HADAD	Reg. Number	
Signature		Date	7/10/00
		Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231